

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway-21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
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I. TYPE OF NOTIFICATION (O = Original / R = Revised) : **Revised**

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER: DASNY

Address: 515 Broadway

City: Albany	State: NY	ZIP: 12207
Contact: Mark Moran		Tel: 518-257-3481

REMOVAL CONTRACTOR: JVN Restoration Inc.

Address: 47 Foster Road

City: Staten Island	State: New York	ZIP: 10309
Contact: John Tardy		Tel: 718-605-6256

Address:

OTHER OPERATOR:

Contact:

Tel:

III. TYPE OF OPERATION (D = Demolition / R = Renovation) : **R / Asbestos Removal Only**

IV. IS ASBESTOS PRESENT? (Yes/No): **Yes**

V FACILITY DESCRIPTION (include building name, number and floor or room number):

Building: Hunter College

Address: 919 Lexington Avenue

Address:

City: New York	State: NY	County: Manhattan
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Site Location: 18th and B3 Mechanical Areas.

Building Size	SqMeter:	SqFt: 500,000	# of Floors:	Age in Years 40+
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Present Use: Other

Prior Use: Other

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk/PLM (AHERA)

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

	Friable Asbestos Material to be removed to be removed Category II	Non-Friable Asbestos Material to be removed Category I
Wire Wrap - Linear Feet		
PIPES- Linear Meters		
Surface Area - Square Feet		
Surface Area - Square Meters		300
Volume RACM off Facility Component - Cubic Feet		
Volume RACM off Facility Component - Cubic Meters		

xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 09/28/15 Completion: 09/01/16

X. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
N/A

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Negative air machines under HEPA filtration system. Wet Methods.

XII. WASTE TRANSPORTER #1

Name: Vandan Disposal, Inc.

Address: 1009 Glen Clove Avenue

City: Glen Head

State: New York

ZIP: 11545

Contact Person:

Telephone:

WASTE TRANSPORTER #2

Name: JVN Restoration, Inc.

Address: 47 Foster Road

City: Staten Island

State: NY

ZIP: 10309

Contact Person: John Tardy

Telephone: 718-605-6256

XIII. WASTE DISPOSAL SITE

Name: Minerva Enterprises Inc.

Address: 8955 Minerva Rd. SE

City: Waynesburg

State: OH

ZIP: 44688

Telephone: 330-866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: N/A

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

Signature of Owner/Operator

Project Manager

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

Project Manager

Date

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State: New York

ZIP: 10309

Contact: John Tardy

Tel: 718-605-6256

Address:

OTHER OPERATOR:

Contact:

Tel:

III. TYPE OF OPERATION (D = Demolition / R = Renovation) : R / Asbestos Removal Only

IV. IS ASBESTOS PRESENT? (Yes/No): Yes

V FACILITY DESCRIPTION (include building name, number and floor or room number):

Building: Queensborough Comm. College

Address: 222-05 56th Avenue

Address:

City: Queens

State: New York

County: Queens

Site Location: Basement, 1st, 2nd and 4th Floor

Building Size	SqMeter:	SqFt: 100,00	# of Floors:	Age in Years 50+
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Present Use: Other

Prior Use: Other

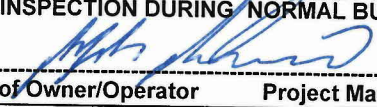

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Wire Wrap - Linear Feet	300 LF	
PIPES- Linear Meters		
Surface Area - Square Feet		
Surface Area - Square Meters		480 SF
Volume RACM off Facility Component - Cubic Feet		
Volume RACM off Facility Component - Cubic Meters		

xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 06/29/2016 Completion: 05/27/2017

X. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: N/A		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Negative air machines under HEPA filtration system. Wet Methods.		
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Contact Person:		Telephone:
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Address: 8955 Minerva Rd. SE		
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Telephone: 330-866-3435		
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Name: N/A	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :	
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Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
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Signature of Owner/Operator 		Date <u>07-03-2016</u>
Project Manager		
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Signature of Owner/Operator 		Date <u>07-03-2016</u>
Project Manager		